

# **Utah FY 2022 Preventive Health and Health Services Block Grant Work Plan**

Governor:  
State Health Officer:  
CDC Work Plan ID:  
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## Executive Summary

The Utah Department of Health (UDOH) uses Preventive Health and Health Services Block Grant (PHHS BG) funding for critical public health programs and infrastructure. PHHS BG funds are allocated to those health concerns that have no other source of state or federal funds or wherein combined state and federal funds are insufficient to address the extent of the problem. More than 85% of PHHS BG funds are allocated to local agencies.

### **Budget Highlights:**

Total Award: \$1,487,184

Of this amount, \$61,798 is allocated to the Sex Assault and Rape Prevention set aside which must be used for that purpose.

### **HP2030 Objectives:**

**HC/HIT-04 Increase the Proportion of Adults Who Talk to Friends or Family About Their Health \$1,278,854:** Social support is when someone can talk to friends and family about their concerns and get help coping. Research shows that when people don't have social support, they're at increased risk for physical and mental health problems. People who have social support are more likely to make healthier choices and have better health outcomes, like reduced stress. People's relationships and interactions with family, friends, co-workers, and community members can have a major impact on their health and well-being. Many people face challenges and dangers they can't control — like unsafe neighborhoods, discrimination, or trouble affording the things they need. This can have a negative impact on health and safety throughout life. Positive relationships at home, at work, and in the community can help reduce these negative impacts. But some people — like children whose parents are in jail and adolescents who are bullied — often don't get support from loved ones or others. Interventions to help people get the social and community support they need are critical for improving health and well-being.

**HC/HIT-07 Increase the Proportion of Adults Who Use IT to Track Health Care Data or Communicate with Providers \$40,000:** Support the Utah Department of Health Office of Public Health Assessment capacity to collect data to monitor the health of Utahns. Enhance, update and maintain the Indicator-based Information System for Public Health Website and indicators. People who use information technology (IT) to keep track of their health information and talk with health care providers, friends and family are more likely to have better health. There are disparities in use of IT for health care by income, age, and sex. Strategies to educate people about the use of IT for health care and increase internet access may help reduce these disparities and increase the use of IT for health care overall.

**IVP-D05 Reduce Contact Sexual Violence \$61,798.00:** (Federally mandated set-aside)  
Provide rape crisis intervention and sexual assault prevention services through Utah's sexual violence crisis line.

Administrative Costs: **\$123,442** Supports financial and other administrative functions necessary to support effective grant administration and program implementation.

The **UDOH Health Advisory Council (HAC)** continues to provide the advisory function for the

PHHS BG. The HAC, which provides overall advice to UDOH, meets regularly and supports the annual public hearing for the PHHS BG. The HAC met on April 20, 2021 and June 22, 2021 to review Utah's FFY22 proposed application for funding. A public hearing was held on June 30, 2021 for comment on the proposed FFY 2022 application and budget.

**Funding Rationale:**

The HAC adopted the following criteria to guide funding decisions (these were reviewed and re-confirmed on June 22, 2021):

1. Use of PBG will be limited to Utah specific Healthy People 2030 objectives.
2. In order to demonstrate a major health impact on public health problems, categories of Healthy People 2020 objectives will be limited.
3. Objectives related to Utah's leading causes of premature mortality, with particular attention to disparities within under-served and ethnic populations, are deemed priorities.
4. Objectives for which categorical or other funds are already available have less priority.
5. Objectives and initiatives that are evidence-based and capable of measurement have greater priority.
6. To the extent possible, in the event of Federal budget cuts, adjustments by the UDOH will be made with due consideration and priority given to the local health departments.

Chronic diseases, such as obesity, and violence and injury, such as overdoses and suicide prevention, are major priorities in Utah's Health Improvement Plan. These are key funding priorities due to the health burden as documented by data and lack of other sources of funding to adequately address them. Local health departments have been working on addressing shared risk and protective factors for chronic diseases, violence and injury by focusing on upstream factors that would impact multiple negative health outcomes.

**Funding Priority:** Data Trend, State Plan (2017), Under or Unfunded

**Advisory Committee Member Representation:**

Business, corporation or industry, College and/or university, Community resident, County and/or local health department, Hospital or health system, Primary care provider

**Dates:**

**Public Hearing Date(s):**

6/30/2021

**Advisory Committee Date(s):**

4/22/2021

6/22/2021

**National Health Objective:** HC/HIT-04 Increase the Proportion of Adults Who Talk to Friends or Family About Their Health

**State Health Objective(s):** Between 10/2021 and 09/2025, decrease the percent of Utah Adults who report fair or poor general health from 14.7% (baseline 2019) to 12.2%.

**Baseline:** CY 2019 – 14.7%

**Data Source:** Utah Behavioral Risk Factor Surveillance System

**Health Burden:** Research shows that when people don't have social support, they're at increased risk for physical and mental health problems.

Social support is when someone can talk to friends and family about their concerns and get help coping. People who have social support are more likely to make healthier choices and have better health outcomes, like reduced stress. People's relationships and interactions with family, friends, co-workers, and community members can have a major impact on their health and well-being. Social and structural determinants of health can have a negative impact on health and safety throughout life. Positive relationships at home, at work, and in the community can help reduce these negative impacts. Interventions to help people get the social and community support they need are critical for improving health and well-being.

Self-rated health (SRH) has been collected for many years on National Center for Health Statistics surveys and since 1993 on the state-based BRFSS. SRH is an independent predictor of important health outcomes including mortality, morbidity, and functional status. It is considered to be a reliable indicator of a person's perceived health and is a good global assessment of a person's wellbeing.

Prevention science tells us that there are social determinants that play a significant role in our health and safety. These determinants, or risk and protective factors, are the keys to figuring out how to address community health and safety issues. The greater the number of risk factors, the greater the chances of adverse outcomes over the lifespan.

The Bureau of Health Promotion partners with local health departments (LHDs) to implement strategies that address these shared risk and protective factors (SRPF) for chronic disease and violence and injury. The prevention strategies align with the CDC's five key areas of social determinants of health: 1) Healthcare Access and Quality, 2) Education Access and Quality, 3) Social and Community Context, 4) Economic Stability, and 5) Neighborhood and Built Environment.

Local health departments (LHDs) will address social determinants of health work by promoting policy, systems, and environmental change in their communities, schools, and within worksites located in their jurisdiction.

Funding supports thirteen LHDs in Utah that provide public health services at the district or county level. LHDs play a vital role in the implementation of chronic disease and injury

prevention activities. They have well-established relationships within their communities and are recognized as a credible source for health information. All thirteen LHDs receive dedicated funding to support upstream prevention efforts. Activities include integrating school health programs into their communities, implementing proven effective community-based interventions, and working to impact policy and environmental changes. LHDs serve as the main point of contact and resource and help with reporting and activities including policy development and implementation.

The targeted populations for interventions are Utahns residing in the 13 local health districts using PHHSBG funds to conduct shared risk and protective factor approaches that positively and equitably impact the social determinants of health.

**Target Population:**

- Number: 3,205,958
- Ethnicity: Hispanic, Non-Hispanic
- Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
- Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
- Sexual Orientation: Gay (Lesbian or Gay), Straight, Bisexual
- Gender: Female, Male, Transgender
- Geography: Rural and Urban
- Location: Statewide
- Occupation: All
- Educational Attainment: Some High School, High School Diploma, Some College, College Degree, Graduate Degree
- Health Insurance Status: Uninsured, Medicaid, Medicare, Private Health Insurance, Affordable Care Act Plan
- Primarily Low Income: No

**Disparate Population:**

- Number: 1,520,341
- Ethnicity: Hispanic, Non-Hispanic
- Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
- Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 65 years and older
- Sexual Orientation: Gay (Lesbian or Gay), Straight, Bisexual
- Gender: Female, Male, Transgender
- Geography: Rural and Urban
- Location: Weber-Morgan, Salt Lake County, Tooele, and San Juan local health districts have small areas with significantly higher rates of Utah adults reporting fair or poor health compared to the state.
- Occupation: All
- Educational Attainment: Some High School, High School Diploma, Some College, College Degree, Graduate Degree
- Health Insurance Status: Uninsured, Medicaid, Medicare, Private Health Insurance,

- Affordable Care Act Plan
- Primarily Low Income: No

**Funds Allocated and Block Grant Role in Addressing this Health Objective:**

- Total Current Year Funds Allocated to Health Objective: \$1,244,157
- Total Prior Year Funds Allocated to Health Objective: \$946,641
- Funds Allocated to Disparate Populations: \$462,214
- Funds to Local Entities: \$1,244,157
- Role of Block Grant Dollars: Supplemental Funding
- Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO: 94.7%

**OBJECTIVES – ANNUAL ACTIVITIES**

**Objective 1: Neighborhood and Built Environment**

Between 10/2021 and 9/2022, a minimum of five (5) local health departments will implement at least two (2) activities to support neighborhoods and environments that promote health and safety.

A healthy built environment facilitates access to transportation and physical resources that enhance quality of life, minimizes exposures to environmental contaminants, and supports physical activity, safe and accessible recreation, and other protective factors that improve chronic disease outcomes.

**Evidence Source for Intervention:** U.S. Department of Health and Human Services, Office of Surgeon General. (2021). Community Health and Economic Prosperity Engaging Businesses as Stewards and Stakeholders—A Report of the Surgeon General. Retrieved from <https://www.hhs.gov/sites/default/files/chep-sgr-full-report.pdf> [PDF - 6.9 MB]

**Activities:**

1. Support community coalitions that improve the built environment.
  - a. Local health department staff will attend and participate in community coalition meetings. This may include participation in coalitions that are supportive of enhancing physical activity by addressing built environment issues like sidewalks, green spaces, and safety issues like adequate lighting and erecting barriers in suicide hotspots.
2. Create and promote activity-friendly, safe routes to everyday destinations.
  - a. Local health department staff will identify and promote safe routes from home, schools, or work to public parks, spaces and transit stops. This may include collaborating with multi-sector partners to identify and address barriers to safe routes that include developing or enhancing systems to provide reliable and affordable transportation for essential workers and disadvantaged populations.
3. Reduce access to lethal and harmful means
  - a. Local health department staff will promote safe storage practices and appropriate access to firearms and substances such as prescription medications, tobacco, and alcohol. This may include supporting, promoting, or implementing drug take back

events, related media campaigns, gun lock distribution, ID checks for tobacco and alcohol, naloxone distribution and providing materials and awareness around these areas.

4. Modify the physical and social environment
  - a. Local health department staff will increase and promote access to individual protections. This may include promoting, providing access to and normalizing the use of carbon monoxide and smoke detectors, seatbelts, child passenger safety seats, booster seats, helmets, gun locks, life jackets, etc. Community events will also be promoted and supported to provide opportunities for social interactions.
5. Improve organizational policies and workplace climate
  - a. Local health department staff will conduct organizational assessments to identify areas for improvement and implementation of practices. This may include establishing sexual harassment policies, becoming a trauma-informed organization, supporting suicide prevention training for all staff, and completing the “Let’s Talk: Shared Risk and Protective Factors – Establishing Neighborhood & Built Environments” training module.

## **Objective 2: Community Engagement and Prevention**

Between 10/2021 and 9/2022, a minimum of five (5) local health departments will implement at least two (2) activities to increase engagement in positive health behaviors including access to and utilization of preventive services in local communities.

Social connectedness is a significant determinant of mental, emotional and physical health and serves as a key factor in protecting, improving and maintaining individual and community well-being. A high-degree of social connectedness can increase the likelihood of individuals engaging in positive health behaviors, such as screenings, disease management, and risk reduction, ultimately improving chronic disease outcomes by moderating the negative health effects to psychological adversities such as stress, trauma, adversity, anxiety and depression.

**Evidence Source for Intervention:** Guide to Clinical Preventive Services (Task Force on Community Preventive Services)

### **Activities:**

1. Strengthen access to preventive services
  - a. Local health department staff will conduct and promote preventative screenings. This may include screenings for cancer, diabetes, hypertension, obesity, safety and social determinants of health and completing the “Let’s Talk: Shared Risk and Protective Factors – Creating Social and Community Connectedness” and the “Let’s Talk: Shared Risk and Protective Factors – Access to Health Care” training modules.
2. Provide assistance with disease management and risk reduction.
  - a. Local health department staff will support and promote harm reduction efforts. This may include medication access and education, referrals to self-management programs, keeping people in care, supporting community health workers, syringe exchange services, and naloxone distribution.
3. Identify and promote community led social activities and support services

- a. Local health department staff will collaborate to encourage personal interaction and connectedness to a community. This may include promoting participation in low cost or free social activities such as volunteer programs, walking groups, book clubs and other community activities that support safe and healthy social activities.

### **Objective 3: Food Insecurity**

Between 10/2021 and 9/2022, a minimum of five (5) local health departments will implement at least two (2) activities to reduce household food insecurity and hunger and improve health by promoting healthy eating and making nutritious foods available.

Enhancing durable access to and routine consumption of adequate, nutritious food supports overall health, reduces morbidity and mortality associated with chronic disease, and decreases health care utilization.

**Evidence Source for Intervention:** Guide to Community Preventive Services (Task Force on Community Preventive Services)

#### **Activities:**

1. Identify and convene new community partners
  - b. Local health department staff will engage community stakeholders working on food security. This may include collaborating with community coalitions, food policy councils, and community sites to learn what efforts are underway in local communities to reduce food insecurity, identify gaps or barriers preventing access to food, and create a food access action plan for addressing known gaps in food access or food security and implement action steps.
2. Increase equitable, durable access to quality fruits and vegetables
  - a. Local health department staff will increase access through retail outlets, farmers markets, food banks, etc. This may include promoting the 2022 Double Up Food Bucks program and exploring new avenues to do so, expanding or creating healthy food retail initiatives, collaborating with food pantries to increase access to healthy food and fresh produce in food pantries, and increasing spaces and/or capacity for community gardens and/or urban farming.

### **Objective 4: Economic Stability**

Between 10/2021 and 9/2022, a minimum of five (5) local health departments will implement at least two (2) activities to increase economic stability in their communities.

People with steady employment are less likely to live in poverty and more likely to be healthy, but many people have trouble finding and keeping a job. People with disabilities, injuries, or chronic conditions like arthritis may be especially limited in their ability to work. In addition, many people with steady work still don't earn enough to afford the things they need to stay healthy.

**Evidence Source for Intervention:** U.S. Department of Health and Human Services, Office of Surgeon General. (2021). Community Health and Economic Prosperity Engaging Businesses as



Stewards and Stakeholders—A Report of the Surgeon General. Retrieved from <https://www.hhs.gov/sites/default/files/chep-sgr-full-report.pdf> [PDF - 6.9 MB]

**Activities:**

1. Implement Worksite Health ScoreCard program
  - c. Local health department staff will promote the Worksite Health ScoreCard program. This may include completing the Worksite Health ScoreCard as an agency, promoting it, along with the EPICC Mini-ScoreCard and/or UWWC Award at local businesses, and developing action plans using the results to focus on improving mental health and social connectedness. In addition, the Work@Health® training of trainers can be completed and promoted to local businesses.
2. Implement policies and programs shown to increase economic stability
  - a. Local health departments will improve local organizational policies. This may include working with employer insurance companies and/or worksite wellness programs to prevent chronic diseases, advocating for paid sick time, employment programs, career counseling, and high-quality workplace child care opportunities, and developing policy briefs, cost-benefit analyses, and/or social return on investment analyses on policies show to improve economic stability such as 1) legislation to implement a state earned income tax credit, 2) policies allowing child support payments for parents receiving TANF assistance to be passed-through to the parent, 3) benefits to employers for implementation of family friendly work policies, 4) supporting legislation to increase the minimum wage. Complete the “Let’s Talk: Shared Risk and Protective Factors – Economic Stability” training module.

**Objective 5: Education**

Between 10/2021 and 9/2022, a minimum of five (5) local health departments will implement at least two (2) activities to promote health, safety, and learning in school settings.

People with higher levels of education are more likely to be healthier and live longer. Children from low-income families, children with disabilities, and children who routinely experience forms of social discrimination — like bullying — are more likely to struggle with math and reading. They’re also less likely to graduate from high school or go to college. This means they’re less likely to get safe, high-paying jobs and more likely to have health problems like heart disease, diabetes, and depression. In addition, some children live in places with poorly performing schools, and many families can’t afford to send their children to college. The stress of living in poverty can also affect children’s brain development, making it harder for them to do well in school. Interventions to help children and adolescents do well in school and help families pay for college can have long-term health benefits.

**Evidence Source for Intervention:** Guide to Community Preventive Services (Task Force on Community Preventive Services)

**Activities:**

1. Support Local Education Agencies to strengthen local wellness policies

- a. Local health department staff will support the Local Education Agencies wellness policy efforts. This may include supporting their triennial Utah State Board of Education Administrative Review to include formal and informal services to address the needs of food-insecure students. In addition, they may identify avenues that will support schools to provide families with materials and resources to apply for programs such as Supplemental Nutrition assistance Program (SNAP), Women ,Infant and Children (WIC), and the National School Breakfast and Lunch Programs and support and help increase participation in school meal services such as breakfast and lunch, food pantries, backpack programs, after school meal programs, seamless summer options, fresh fruits and vegetable programs, harvest of the season, etc.
2. Create policy and environmental supports that increase physical activity
  - a. Local health department staff will implement innovative efforts to increase physical activity throughout the school day. This may include strengthening Safe Routes to School maps and policies, creating a comprehensive recess policy, providing resources to use physical activity to teach academic content, and adoption of evidence-based student health and wellness practices to meet students’ physical, mental, emotional, and social needs.
3. Provide opportunities to enable families to be actively involved in their children’s academic and school life
  - a. Local health department staff will identify strategies to increase engagement. This may include incorporating an education component into the local Community Health Improvement Plans to identify community strategies for increasing the proportion of 4th grade students whose reading skills are at or above the proficient achievement level for their grade and the proportion of parents who read to their young child.
4. Promote, support, and/or implement evidence-based programs or promising practices
  - a. Local health department staff will support evidence-based programs or promising practices. This may include the following initiatives: 1) 5 before 5 Campaign <https://5b45kids.com/>, 2) Parents As Teachers (PAT) <https://parentsasteachers.org/>, 3) Wyman’s Teen Outreach Program (TOP) <https://wymancenter.org/top/>, 4) Hope for Utah, 5) Sources of Strength, or 6) After School and completing the “Let’s Talk: Shared Risk and Protective Factors – Educational Achievement” training module.

**National Health Objective:** HC/HIT-07 Increase the Proportion of Adults Who Use IT to Track Health Care Data or Communicate with Providers

**State Health Objective(s):** Between 10/2021 and 09/2025, increase the number of Utah's IBIS-PH (Indicator-Based Information System for Public Health) Website views.

**Baseline:** 0

**Data Source:** IBIS-PH Website Analytics

**Health Burden:** Access to accurate and timely information about the health of Utah's populations and its public health systems is vital to effective governance and public health program planning. The OPHA must maintain the ability to collect, analyze, evaluate and publicize this information as extensively, widely and timely as possible. To help address health disparities experienced by Utah subpopulations such as race, ethnicity, income, and geographic groups, OPHA must make meaningful information available for these groups. And in order to support effective community-level public health practice, OPHA must provide the information at the smallest population level possible. Our Web-based system, IBIS-PH, for public health data dissemination requires continual maintenance and enhancements due to changing software technologies, data updates and user requirements. It is critical that the public health workforce has the ability to effectively and competently use data to monitor the health status of the population, plan and evaluate public health programs, and share public health data in a way that is meaningful and useful. The IBIS-PH Website must continue to provide documentation to inform and educate public health practitioners in these areas. Finally, we need to evaluate that the information provided is being used effectively to promote the health of Utah populations.

**Target Population:**

- Number: 3,205,958
- Ethnicity: Hispanic, Non-Hispanic
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- Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
- Sexual Orientation: Gay (Lesbian or Gay), Straight, Bisexual
- Gender: Female, Male, Transgender
- Geography: Rural and Urban
- Location: Statewide
- Occupation: All
- Educational Attainment: Some High School, High School Diploma, Some College, College Degree, Graduate Degree
- Health Insurance Status: Uninsured, Medicaid, Medicare, Private Health Insurance, Affordable Care Act Plan
- Primarily Low Income: No

**Funds Allocated and Block Grant Role in Addressing this Health Objective:**

- Total Current Year Funds Allocated to Health Objective: \$40,000

- Total Prior Year Funds Allocated to Health Objective: \$50,000
- Funds Allocated to Disparate Populations: \$0
- Funds to Local Entities: \$0
- Role of Block Grant Dollars: Supplemental Funding
- Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO: 2.7%

## **OBJECTIVES – ANNUAL ACTIVITIES**

### **Objective 1: Monitor Health Status**

Between 10/2021 and 9/2022, IBIS Query System Manager will maintain the IBIS system with the most recent data available.

The goal of the Office of Public Health Assessment (OPHA) is to provide information that supports evidence-based public health decision making and program planning in Utah.

The OPHA priorities include enhancing the state's ability to monitor health status, informing and educating the state about public health issues, providing technical and statistical assistance in the conducting of public health assessment activities, evaluating the effectiveness of public health programs and policies, and broadly disseminating public health data through the web-based Indicator Based Information System for Public Health (IBIS-PH). The OPHA includes the Behavioral Risk Factor Surveillance System (BRFSS) program, charged with collecting, processing, analyzing, and disseminating information about the health status, risk behaviors, health-related knowledge and healthcare access of Utah residents. The OPHA also maintains a comprehensive health data dissemination web site known as IBIS-PH.

**Evidence Source for Intervention:** Best Practice Initiative (U.S. Department of Health and Human Service)

The American Association for Public Opinion Research (AAPOR), 'Standards and Ethics' for survey research. The Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS) 'BRFSS Operational and User's Guide'.  
Guide to Clinical Preventive Services (Task Force on Community Preventive Services)

### **Activities:**

1. Update datasets
  - a. IBIS Query Program Manager will maintain 30 query able modules. This will be throughout the year as the data becomes available from the data stewards from the individual programs. Textual information will be included with the datasets that will give context information to improve utility.
2. Survey implementation
  - a. Survey Coordinator will collect 10,000 Behavioral Risk Factor Surveillance System (BRFSS) telephone interviews, including Spanish speaking interviews. These will address state-specific data needs stratified by Utah's 13 local health districts and Utah's 99 small areas. In collaboration with UDOH program staff, new state-added questions will be developed to be included on the next annual

Utah BRFSS questionnaire in order to measure important emerging health issues for Utah adults and children.

3. Ensure reports are up to date
  - a. OPHA staff will ensure that information for priority indicator reports is up to date with the most recent data available. This may include updating the annual Utah Public Health Outcome Measures (PHOM) report that provides easy access to up-to-date information about Utah's priority public health objectives in an accessible online format. Many of the PHOM measures utilize the National Healthy People 2030 objectives and updating community profiles for Utah's 13 local health districts and 99 small areas. These reports provide a set of health indicators for a given community (i.e., local health district or small area).
4. Evaluate web usage
  - a. The OPHA director will review the Utah Department of Health Web page for web site activity. This will be done quarterly to assess which public health indicators, help pages, and IBIS query datasets were accessed.

## **Objective 2: Assure a competent workforce**

Between 10/2021 and 09/2022, Data Reporting Specialists will conduct **4** or more training sessions on the IBIS system for staff and/or partners and maintain help documentation on the IBIS website.

Utah's BRFSS staff works with partners to ensure that our state surveys are meeting priority public health information needs. Internal partners include, UDOH Programs: Asthma Control; Tobacco Prevention & Control; Healthy Living through Environment, Policy, and Improved Clinical Care (EPICC); Arthritis; Cancer Control; Violence & Injury Prevention; Environmental Public Health Tracking Network; Communicable Disease Epidemiology; Medicaid; Children's Health Insurance Program; and the Office of Health Disparities. External partners include the University of Utah; Utah's 13 local health districts; Association for Utah Community Health; Utah Medical Association; Utah Division of Housing and Community Development; Utah Division of Substance Abuse & Mental Health; Intermountain Health Care; National Association of Health Data Organizations; National Association for Public Health Statistics and Information Systems; National Center for Health Statistics; IBIS-PH adopters.

**Evidence Source for Intervention:** Best Practice Initiative (U.S. Department of Health and Human Service)

The American Association for Public Opinion Research (AAPOR), 'Standards and Ethics' for survey research. The Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS) 'BRFSS Operational and User's Guide'.  
Guide to Clinical Preventive Services (Task Force on Community Preventive Services)

## **Activities:**

1. Conduct training
  - a. OPHA staff will conduct at least four trainings on the IBIS system. This may include maintaining IBIS help documentation in the IBIS query system and updating when necessary.

**National Health Objective:** IVP-D05 Reduce Contact Sexual Violence

**State Health Objective(s):** Between 10/2021 and 09/2022, increase utilization and promotion of the sexual violence crisis line.

**Baseline:** 0

**Data Source:** Sexual Violence Crisis Line Analytics

**Health Burden:** Sexual violence occurs in our society with much more regularity than most people realize and it is directly linked to negative health behaviors. National research has shown that sexual violence victims are more likely than non-victims to smoke cigarettes, drink alcohol, and are not likely to use seat belts. In Utah, victims (19.4%) had a statistically higher prevalence of being a current smoker than non-victims (6.1%).

Sexual violence also affects the quality of life and may have lasting consequences for victims. Studies have shown that victims may have strained relationships with family, friends, and intimate partners and typically get less emotional support from them. Victims also face immediate and chronic psychological problems such as withdrawal, distrust of others, alienation, post-traumatic stress disorder, denial, and fear. This is evident in the BRFSS survey results when victims and non-victims were asked about their quality of life, victims had a significantly higher prevalence in reporting that they were not satisfied with life (11.4% vs. 3.3%), didn't receive the social and emotional support they need (27.2% vs. 12.5%), and were limited in activities because of physical, mental, or emotional problems (37.1% vs. 17.7%). Moreover, the prevalence of major depression was significantly higher among victims (13.7%) compared to non-victims (3.8%).

**Target Population:**

- Number: 3,205,958
- Ethnicity: Hispanic, Non-Hispanic
- Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
- Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
- Sexual Orientation: Gay (Lesbian or Gay), Straight, Bisexual
- Gender: Female, Male, Transgender
- Geography: Rural and Urban
- Location: Statewide
- Occupation: All
- Educational Attainment: Some High School, High School Diploma, Some College, College Degree, Graduate Degree
- Health Insurance Status: Uninsured, Medicaid, Medicare, Private Health Insurance, Affordable Care Act Plan
- Primarily Low Income: No

**Funds Allocated and Block Grant Role in Addressing this Health Objective:**

- Total Current Year Funds Allocated to Health Objective: \$61,798
- Total Prior Year Funds Allocated to Health Objective: \$61,798
- Funds Allocated to Disparate Populations: \$0
- Funds to Local Entities: \$0
- Role of Block Grant Dollars: Supplemental Funding
- Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO: 4.2%

## **OBJECTIVES – ANNUAL ACTIVITIES**

### **Objective 1: Rape and Sexual Assault Crisis Line**

Between 10/1 and 09/2022, The Utah Department of Health Violence and Injury Prevention Program will maintain 1 statewide toll-free rape and sexual assault crisis and information line to provide confidential crisis services, information, support and referral to victims/survivors of rape and sexual assault.

In 2018, 11.0% of Utah adults reported that someone had sex or attempted to have sex with them without their consent. A significantly higher prevalence was found among bisexual people; those who identify as lesbian and gay; adults who are unemployed; adults who are divorced or separated; females; and those who live in low-income households. Sexual violence is linked to traumatic childhood experiences. In 2016, among Utah adults who have ever experienced SV, 56.4% reported four or more adverse childhood experiences (ACEs) compared to 14.3% of adults who have never experienced SV. Of the overall violent crimes that occur in Utah, rape is the only one in which Utah's rate is above the national average. In a state where other violent crimes such as, murder, robbery or aggravated assault is historically half to three times lower than the national average, this is of concern.

**Evidence Source for Intervention:** Other: The Centers for Disease Control and Prevention (CDC) has developed technical packages to help states and communities take advantage of the best available evidence to prevent violence.

### **Activities:**

1. Accept and route calls
  - a. A minimum of 150 rape and sexual assault crisis and information calls will be routed to local rape crisis centers throughout the state via the 24 hour, toll free crisis line maintained by the Utah Department of Health.
2. Promote line
  - a. The toll-free line will be advertised on the VIPP website, Utah Coalition Against Sexual Assault (UCASA) website, brochures and information packets distributed by rape prevention programs throughout the state and in all local telephone directories in the state.